

CompChoice

Occupational Health Services

National Registry of Certified Medical Examiners (NRCME)

PART 2: CLEARING THE CONFUSION

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Reasons for Change

Focus on Safety



FMCSA Mission

- ▶ “FMCSA is focused on reducing crashes, injuries and fatalities involving large trucks and buses.”
- ▶ Over the years FMCSA has improved vehicle safety and standards.
- ▶ The next step: reducing crashes from medically impaired drivers.
 - ▶ Major focuses: Sleep Apnea, Cardiac conditions, Aging driver population.

FMSCA Concerns

- ▶ Increasing driver population
 - ▶ Currently more than 7 million, requiring 4 – 5 million exams/year
- ▶ Job-related Stress
 - ▶ Variable routes and drive times
 - ▶ Cargo problems and hazardous materials
 - ▶ Isolation, lack of social support
 - ▶ Changing road environment and quality conditions

FMCSA Concerns

- ▶ A typical driver is an unhealthy profile
 - ▶ Male, over 40 years old
 - ▶ Obese
 - ▶ Smoker
 - ▶ Unhealthy eating and sleeping habits
 - ▶ Has more than 2 health problems
- ▶ Risks of advancing age
 - ▶ High likelihood of chronic disease and problems causing sudden incapacitation

Limitations of the Medical Standard

49 CFR 391.41

- ▶ In very broad terms establishes a driver must be free of any health condition that could adversely affect their ability to safely operate a truck.
- ▶ Only exam parameters specified by law
 - ▶ Blood pressure
 - ▶ Vision
 - ▶ Hearing
 - ▶ Urinalysis for sp.gr., glucose, blood and protein



▶ Non-discretionary medical standards
(mandated by law)

- ▶ Vision
- ▶ Hearing
- ▶ Epilepsy
- ▶ Insulin-dependent diabetes

▶ All other medical conditions have been under the discretion of the medical examiner.

▶ NOT ANY MORE...

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- ▶ It would take forever to change the law and specific medical standards (Rule Making)
 - ▶ The alternate approach is to make the medical examiners more accountable to the intent of the law
 - ▶ FMCSA charter allows them to “educate” motor carriers and medical examiners about safety issues

Create medical guidelines for examiners

- ▶ Medical Expert Panels.
 - ▶ Created ad-hoc for specific concerns
 - ▶ Recruited specialists from Cardiology, Neurology, Diabetes, Pulmonary, OSA
- ▶ MEPs provided recommendations to the Medical Advisory Committee of FMSCA
- ▶ Incorporation into a Medical Examiner Handbook (on-line)

NRCME

- ▶ As of May 21, 2014, all drivers must receive their medical examinations from a certified medical examiner

Examiner requirements

- ▶ Complete an approved training course
- ▶ Pass a certifying examination
- ▶ “The examiner must apply the qualifications standards consistently and uniformly” (examiner discretion effectively removed)
- ▶ Must submit to periodic audits
- ▶ May be removed from the panel for errors and omissions, as well as willful fraud.

Examiner Requirements

- ▶ Must transmit exam information of every driver evaluated
- ▶ Current electronic data requested is basic
 - ▶ Name, birthdate, certification and expiration dates
 - ▶ Future additions are expected; such as medical conditions, medications and verifying information (Hgb A1C)

Key Changes

- ▶ Waiting periods for medical conditions and surgical procedures
- ▶ Mandatory consideration of sleep apnea
- ▶ Treatment compliances defined

Heart Attack

- ▶ 2 month waiting period for RTW
- ▶ Have release from cardiologist
- ▶ Must be asymptomatic and tolerates meds
- ▶ Must pass an exercise test ('pass' criteria given)
- ▶ Have an echocardiogram showing EF >40%
- ▶ Must pass exercise test every 2 years

Percutaneous Coronary Intervention (Stent and angioplasty)

- ▶ Minimum 1 week wait after procedure
- ▶ Cardiologist release
- ▶ No symptoms, tolerates meds
- ▶ No ischemia post-procedure EKG
- ▶ Initial certification for 6 months, then yearly
- ▶ Must pass an ETT 3-6 months after procedure
- ▶ Pass ETT every 2 years

Coronary Artery Bypass Surgery

- ▶ 3 month waiting period (for sternal healing)
- ▶ Cardiologist release
- ▶ Asymptomatic and tolerating meds
- ▶ Echo showing EF >40%
- ▶ No special tests until 5 years post-op;, then yearly ETT

Other Cardiac Considerations

- ▶ Pacemaker
 - ▶ 1 month wait, annual proof of routine PM checks
- ▶ Heart valve surgery
 - ▶ Same as CABG
- ▶ Blood Thinners
 - ▶ 1 month wait to verify stability
 - ▶ Proof of monthly blood tests at annual exam
- ▶ Implantable defibrillators
 - ▶ Cannot medically certify

Obstructive Sleep Apnea

- ▶ Because drivers are already under-reporting sleep problems, the Expert Panel has recommended examiners must consider OSA risk factors and characteristics during the physical exam
- ▶ The cause for 70% of all people with EDS is either OSA or narcolepsy

In-Service Evaluation

Recommended any one of:

- ▶ Suggestive sleep history (loud snoring, admitted excessive daytime sleepiness (EDS))
- ▶ Two or more:
 - ▶ BMI >35
 - ▶ Neck circumference >17 in. (16 in. for women)
 - ▶ Presence of poorly controlled hypertension
- ▶ Epworth Sleepiness Score >10
- ▶ Known OSA, but no compliance data
- ▶ AHI >5 but <30 in previous sleep study

Out-of-Service Evaluation

- ▶ Observed, unexplained EDS or confessed excessive sleepiness
 - ▶ Falling asleep in the waiting room
- ▶ MVA likely related to falling asleep or inattentiveness
- ▶ ESS >16
- ▶ Not treating known OSA
- ▶ AHI >30

OSA Testing

- ▶ Polysomnogram (classic overnight sleep test)
 - ▶ Measures breathing correlated to oxygen saturation
- ▶ Maintenance of wakefulness
- ▶ Multiple sleep latency
- ▶ The medical examiner is warned to interpret home sleep studies with caution. (inaccurate and don't measure total sleep time)

OSA Medical Certification

- ▶ Minimum 1 week waiting period after starting CPAP
- ▶ Must re-certify yearly
- ▶ Must provide proof of treatment compliance
 - ▶ Use data from CPAP machine
 - ▶ More than 4 hours per night
 - ▶ More than 70% of nights
 - ▶ Alternate – ‘napping’ tests

Efforts to block OSA testing

- ▶ Citing concerns for projected costs of testing
- ▶ A coalition of motor carriers and bus companies introduced legislation to insure that any requirements about OSA or respiratory condition go through the rule-making process – it was signed by the President in October 2013.
- ▶ The intent was to prevent medical examiners from implementing any of the FMSCA's instructions to medical examiners regarding OSA

Efforts to Block OSA Testing

- ▶ FMCSA has responded and communicated to examiners that nothing is changed by this bill. The agency still has the right to insist that examiners follow guidance and meet the intent of the law.
- ▶ “A person is physically qualified to drive a motor vehicle if that person; (5) has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his ability to control and drive a motor vehicle safely”

Smokers – Asthma – COPD

- ▶ Must ask every driver if they smoke
- ▶ If >35 years old, spirometry is required
 - ▶ An individual can have substantial reduction of lung function without symptoms
- ▶ Passing is >65% predicted for FEV1 and FEV1/FVC
- ▶ Fail spirometry – needs pulse oximetry (>92%)
- ▶ Fail oximetry – needs arterial blood gases

Diabetes

- ▶ Insulin-dependent diabetes is still disqualifying, but the process to obtain an exemption has been streamlined in recent years.
- ▶ The diabetic driver must provide print copy of a Hgb A1C obtained within the previous 3 months.
- ▶ Adequate control is defined as a value < 8.0
- ▶ Values between 8.0 and 10.0 can be certified for 3 months to allow attainment of control
- ▶ Values > 10.0 are medically disqualified until their Hgb A1C is < 8.0

High Blood Pressure

- ▶ No changes to guidelines in use for 15 years:
 - ▶ Blood pressure must be 140/90 or less
 - ▶ If under treatment, medical certification is yearly
 - ▶ If first diagnosed, no meds and BP is < 160/99; can still certify for year.
 - ▶ If on treatment and BP is between 141 – 179 systolic and 91 – 109 diastolic; can be certified for 3 months to control.
 - ▶ Any person with BP > 180/110 is medically disqualified until they are under 140/90

Vision

- ▶ Also no changes – defined by law
- ▶ Must be at least 20/40 in each eye and 20/40 in both eyes together
- ▶ Benefits of binocular vision
 - ▶ Depth perception and rate of closure
- ▶ Monocular vision exemption
 - ▶ Usually not a problem for a life-long condition
 - ▶ Recent loss of an eye – suggest waiting a year to acclimate to the loss of visual field

Disqualifying Medicines

- ▶ Insulin for diabetes (unless accompanied by an exemption)
- ▶ Anti-seizure medicines
- ▶ Methadone
- ▶ Medical marijuana
- ▶ Illegal drugs (meth, cocaine etc.)

Disqualifying Medicines

- ▶ Grey Areas:
 - ▶ Narcotics for acute pain (safety violation)
 - ▶ Stimulants (ADHD)
 - ▶ Provigil
 - ▶ Sedating medication (anxiety, depression)
 - ▶ Chantix for smoking cessation

What Employers can Expect

- ▶ Substantial increase in exam “holds” to obtain medical documentation
 - ▶ Hgb A1C tests in diabetics
 - ▶ Proof of compliance for CPAP
 - ▶ Get exercise test completed for heart conditions
 - ▶ Smokers to complete pulmonary testing
- ▶ Some increase in medical disqualifications
 - ▶ Finding drivers with disqualifying conditions
 - ▶ Drivers with known disease but no treatment or follow-up

What Employers can Expect

- ▶ Increased exam costs
 - ▶ More tech time for exam
 - ▶ More assistant time to obtain and coordinate medical information
 - ▶ More physician time for extensive questioning, recording and driver education

Who Pays?

- ▶ No guidance (or requirements) from FMCSA
- ▶ The higher cost for medical exams are the same responsibility as now. (some Carriers pay, others require the driver to pay)
- ▶ Each employer must make their policies clear to their drivers. Considerations:
 - ▶ Make all testing responsibility of the driver
 - ▶ The Carrier pays now to expedite certification, then obtains reimbursement from the employee
 - ▶ The Carrier absorbs all costs

What CompChoice Can Do

- ▶ Provide efficient medical assessments
- ▶ Provide driver education packets for the employer to distribute to drivers
 - ▶ What information to provide at the exam
 - ▶ Encourage full disclosure
- ▶ Provide written instructions for the driver to take to his personal physician explaining required documentation
- ▶ Provide testing for spirometry, pulse ox, Hgb A1C during the exam

What CompChoice can Do

- ▶ Medical examiners cannot diagnose or treat during exam
- ▶ But, we can direct the driver to resources when needed
- ▶ Partner with local primary care providers and specialists
- ▶ Partner with testing centers (sleep study)

Questions?





SHH, DON'T WAKE THEM